

Case Number:	CM14-0187222		
Date Assigned:	11/17/2014	Date of Injury:	07/03/2012
Decision Date:	01/08/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old male injured worker with a date of injury 7/3/12 with related low back pain. Per progress report dated 10/3/14, the injured worker complained of persistent low back pain and numbness and tingling to the lower extremities. Per physical exam, the lumbar spine was tender to palpation, straight leg raising test was positive bilaterally, lumbar muscle spasms were noted on the left, ankle jerk reflex was decreased on the left, plantar strength was decreased on the left, and decreased posterolateral foot and heel sensation were noted on the left. He was status post left sided lumbar laminotomy and microdiscectomy at L2-L3 and lateral recess decompression L5-S1 8/19/13. Treatment to date has included physical therapy, H-wave, and medication management. The date of UR decision was 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) Prescription for Norco 10/325 mg, #60 [REDACTED] between 10/3/2014 and 1/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation indicates that the injured worker had urinalysis performed 5/24/14 and 8/22/14 with results consistent with prescribed medications. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the prospective request for 3 month supply of medication does not allow for timely reassessment of treatment efficacy. Therefore the request is not medically necessary.

One (1) Urinalysis between 10/3/2014 and 10/3/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. The documentation submitted for review indicates that urinalysis was performed on 5/24/14 and 8/22/14, which would fulfill the yearly drug screening for low risk patients. As the injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior, the request is not medically necessary.